## **BRUNSWICK COUNTY PARKS AND RECREATION**

## CO-REC. SOFTBALL LEAGUE REGISTRATION FORM

TEAM NAME:	
TEAM MANAGER:	DAY PHONE:
MAILING ADDRESS:	ZIP:
OTHER CONTACT:	DAY PHONE:
MAILING ADDRESS:	ZIP:
2) If two divisions are offered, what division would bivision A Division A Division A Division Bivision A Division A Divi	sion B  f your team  ined Same  returning players new players
	LAYERS ARE NOT ELIGIBLE UNTIL THEY HAVE QUESTIONS, PLEASE CONTACT THE PARK AND

## BRUNSWICK COUNTY PARKS AND RECREATION CO-REC. SOFTBALL LEAGUE - ROSTER/WAIVER

Team Name:	
Managers Name:	
I, by signing below, am aware that, as in any sport, there an athletic activity or event. I agree to participate in this event and agree that the Brunswick County Parks & Rec Program Manager, County Park, the Brunswick Count F medical, dental, or other expenses incurred as a result of this activity or event.	Brunswick County Parks & Recreational activity or creation Department, the Director(s) of the program, Park Board and other participants will not be liable for
Please Print Players' First and Last Name	Players' Signature